


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90181 039 ***150.00

DOCUMENT # P21978

1. Entity Name
TEXAS LIFE INSURANCE COMPANY



Principal Place of Business
**900 WASHINGTON AVENUE
WACO TX 76701**

Mailing Address
**900 WASHINGTON AVENUE
WACO TX 76701**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATES, STEVEN T. <input type="checkbox"/> Delete 900 WASHINGTON AVENUE WACO TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPA GEORGE, FRANCIS H <input type="checkbox"/> Delete 900 WASHINGTON AVE WACO TX 76701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARR, GWEN L <input type="checkbox"/> Delete ONE MADISON AVENUE NEW YORK NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARTON, EDMUND D. <input checked="" type="checkbox"/> Delete 900 WASHINGTON AVENUE WACO TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANDERSON, PAUL ELLIS <input type="checkbox"/> Delete 900 WASHINGTON AVENUE WACO TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, DAVID <input checked="" type="checkbox"/> Delete ONE MADISON AVE NEW YORK NY 10010

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/26/03** (254) 752-6521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dennis E. Harms, Appointed Actuary Date Daytime Phone #

CR2E034 (10/02)